

**HIPAA CROSSWALK – MRDD WAIVER**

<b>Local Code &amp; Modifier Description</b>	<b>Standard Code Description</b>	<b>Standard Modifier Description</b>	<b>Remarks</b>
97000 – WW  ATTENDANT	S5125  Attendant care services; per 15 minutes	U4  MRDD Waiver	Prior Authorization is required.  Service is capped at 16 hours per day (64 units), with a minimum of 1 hour (4 units).
94900 – WW  PERSONAL CARE AIDE	T1019  Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant);	U4  MRDD Waiver	Prior Authorization is required.  Use this code and modifier for services over 1040 hours per DC fiscal year. Service is capped at 16 hours per day (64 units).

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94900 – WW  PERSONAL CARE AIDE; GROUP SETTING	T1019  Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant);	HQ  Group Setting  U4  MRDD Waiver	Prior Authorization is required.  Use this code with listed modifiers in the same order as shown, for services over 1040 hours per DC fiscal year. Service is capped at 16 hours per day (64 units).

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95000 – WW  HOMEMAKER AIDE	S5130  Homemaker service, NOS; per 15 minutes	U4  MRDD Waiver	Prior Authorization is required. Service is capped at 8 hours per day (32 units), with a minimum of 1 hour (4 units).
96000 – WW  CHORE SERVICES	S5120  Chore services; per 15 minutes	U4  MRDD Waiver	Prior Authorization is required. A minimum of 1 hour (4 units) of service must be provided.

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98000 – WW  RESPITE SVC 1 – 17 HOURS; AIDE	T1005  Respite care services, up to 15 minutes	U4  MRDD Waiver.	Prior Authorization is required. Service is rendered by an Aide. Service is capped at 17 hours per day (68 units); and at 480 hours (1920 units) of the T1005 base code per recipient waiver certification year.
98001 – WW  RESPITE CARE 18 – 24 HRS; AIDE	T1005  Respite care services, up to 15 minutes	TU  Special payment rate  U4  MRDD Waiver	Prior Authorization is required. Service is rendered by an Aide. A minimum of 69 units (17 + 1/4 hours) must be billed. Service is capped at 24 hours per day (96 units); and at 720 hours (2880 units) of the T1005 base code per recipient waiver certification year.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
<p style="text-align: center;"><b>Key for modifiers used in Home Modifications services below;</b></p> <p style="text-align: center;"><b>SC, Medically necessary supply or service;</b></p> <p style="text-align: center;"><b>HI Integrated mental health and mentally retarded/developmentally disabled program;</b></p> <p style="text-align: center;"><b>HK Specialized mental health program for high-risk population;</b></p>			
<p style="text-align: center;">EAA01</p> <p style="text-align: center;">ENVIRONMENT ACCESSIBILITY MR (Bathroom)</p>	<p style="text-align: center;">S5165</p> <p style="text-align: center;">Home modifications; per service</p>	<p style="text-align: center;">HI</p> <p style="text-align: center;">Integrated mental health and mentally retarded/developmentally disabled program</p> <p style="text-align: center;">U4</p> <p style="text-align: center;">MRDD Waiver</p>	<p>Prior Authorization is required. Bathroom modifications are limited to \$2000.00 per service with a \$ 10,000.00 recipient lifetime cap applicable to all Home Modifications services.</p>

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
EAA01  ENVIRONMENT ACCESSIBILITY MR (Electric and/or plumbing)	S5165  Home modifications; per service	HK  Specialized mental health program for high-risk population  U4  MRDD Waiver	Prior Authorization is required. Electrical and Plumbing modifications are limited to \$2000.00 per service with a \$ 10,000.00 recipient lifetime cap applicable to all Home Modifications services.
EAA01  ENVIRONMENT ACCESSIBILITY MR (Ramp and/or doorway)	S5165  Home modifications; per service	SC  Medically necessary supply or service  U4  MRDD Waiver	Prior Authorization is required. Ramp and doorway services are capped at \$90.00 per linear foot (one unit = one foot). There is a \$ 10,000.00 recipient lifetime cap applicable to all Home Modifications services.

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<b>Local Code &amp; Modifier Description</b>	<b>Standard Code Description</b>	<b>Standard Modifier Description</b>	<b>Remarks</b>
M0303  CRISIS INTERVENTION INITIAL	S9485  Crisis intervention mental health services, per diem	U4  MRDD Waiver	Prior Authorization is Required
M0304  FOLLOWUP CRISIS INTERVENTION	S9484  Crisis intervention mental health services, per hour	U4  MRDD Waiver	Prior Authorization is Required
M0305  INIT CONSULT/PREVENTIVE SERVICE	S9485  Crisis intervention mental health services, per diem	U4  MRDD Waiver	Prior Authorization is Required
M0306  FOLLOWUP CONSULT/PREVENTIVE SERVICE	S9484  Crisis intervention mental health services, per hour	U4  MRDD Waiver	Prior Authorization is Required

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
MW001  MRDDA PERS INSTALLATION	S5160  Emergency response system, installation & testing	U4  MRDD Waiver	Prior Authorization is required. Service is limited to one per recipient lifetime.
MW002  MONTHLY RENTAL RATE PERS	S5161  Emergency response system, service fee per month	U4  MRDD Waiver	Prior Authorization is required. Service is limited to one per recipient waiver certification month.
Y1999  INITIAL ASSESSMENT SHL	92507  Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	U4  MRDD Waiver	Prior Authorization is required



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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
V7000  SPEECH THERAPY	92507  Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	52  Reduced services  U4  MRDD Waiver	Prior Authorization is required.  Speech Therapy was previously billed with local codes V7000 and Y7000. Both will now be billed with 92507 – 52 – U4.
V7100  HEARING THERAPY	92507  Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	52  Reduced services  U4  MRDD Waiver	Prior Authorization is required.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
V7200  LANGUAGE THERAPY	92507  Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	52  Reduced services  U4  MRDD Waiver	Prior Authorization is required.
V6900  INITIAL ASSESSMENT NUTRITION	S9470  Nutritional counseling, dietitian visit	U4  MRDD Waiver	Prior Authorization is required.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Y2000  NUTRITIONAL COUNSELOR	S9470  Nutritional counseling, dietitian visit	52  Reduced services  U4  MRDD Waiver	Prior Authorization is required.
Y2100  FAMILY TRAINING	S5111  Home care training, family; per 15 minutes	U4  MRDD Waiver	Prior Authorization is required.  Use this code for billing the initial family training assessment.

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Y2101  FAMILY TRAINING FOLLOW-UP	S5111  Home care training, family; per 15 minutes.	52  Reduced services  U4  MRDD Waiver	Prior Authorization is required.
Y4000  RESIDENTIAL HABILITATION WITHOUT ACUITY ADJUSTMENT	97535  Self-care/home management training ((e.g.ADL's), compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes.	52  Reduced services  U4  MRDD Waiver	Prior Authorization is required.  New rates and utilization limitations are pending for this service.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Y4000  RESIDENTIAL HABILITATION WITH ACUITY ADJUSTMENT	97535  Self-care/home management training ((e.g.ADL's), compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes.	U4  MRDD Waiver	Prior Authorization is required.  New rates and utilization limitations are pending for this service.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Y4100  DAY HABILITATION	97535  Self-care/home management training ((e.g.ADL's), compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes.	HI  Integrated mental health and mentally retarded/developmentally disabled program  U4  MRDD Waiver	Prior Authorization is required.  Service must include a minimum of 5 hours per day, not counting travel time. Cannot be provided concurrently with day treatment, prevocational or supportive employment services.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Y4200  SUPPORTIVE EMPLOYMENT HABILITATION	97537  Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis), direct one-on-one contact by provider, each 15 minutes	U4  MRDD Waiver	Prior Authorization is required.  Service must include a minimum of 5 hours per day, not counting travel time. Cannot be provided concurrently with day treatment, prevocational or day habilitation services.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Y4300  PREVOCATIONAL HABILITATION	97537  Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis), direct one-on- one contact by provider, each 15 minutes	HI  Integrated mental health and mentally retarded/developmentally disabled program  U4  MRDD Waiver	Prior Authorization is required.  Service must include a minimum of 5 hours per day, not counting travel time. Cannot be provided concurrently with day treatment, supported employment or day habilitation services.



## HIPAA CROSSWALK – MRDD WAIVER (TRANSPORTATION)

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
A0120 – WW  Ambulatory van, one way inside Capitol Beltway	A0110  Non-emergency transportation and bus, intra- or interstate carrier	U4  Medicaid level of care 4, as defined by each state; defined as MRDD Waiver	Prior Authorization is required.  All modifiers shown must be included and used in the order shown.
A0121 – WW  Ambulatory van, round trip inside Capitol Beltway	T2003  Non-emergency transportation; encounter/trip	U4  Medicaid level of care 4, as defined by each state; defined as MRDD Waiver  U2  Medicaid level of care 2, as defined by each state; Defined as Round Trip for Transportation providers	Prior Authorization is required.  All modifiers shown must be included and used in the order shown.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
A0122 – WW  Ambulatory van, one way inside Capitol Beltway with extra assistant	A0110  Non-emergency transportation and bus, intra- or interstate carrier	TF  Intermediate level of care  U4  Medicaid level of care 4, as defined by each state; defined as MRDD Waiver	Prior Authorization is required.  All modifiers shown must be included and used in the order shown.

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<b>Local Code &amp; Modifier Description</b>	<b>Standard Code Description</b>	<b>Standard Modifier Description</b>	<b>Remarks</b>
<p>A0123 – WW</p> <p>Ambulatory van, round trip inside the Capitol Beltway with extra assistant</p>	<p>A0424</p> <p>Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)</p>	<p>U4</p> <p>Medicaid level of care 4, as defined by each state; defined as MRDD Waiver</p> <p>U2</p> <p>Medicaid level of care 2, as defined by each state; Defined as Round Trip for Transportation providers</p>	<p>Prior Authorization is required.</p> <p>All modifiers shown must be included and used in the order shown.</p>
<p>A0124 – WW</p> <p>Ambulatory van, one way outside Capitol Beltway</p>	<p>T2004</p> <p>Non-emergency transport; commercial carrier, multi-pass</p>	<p>U4</p> <p>Medicaid level of care 4, as defined by each state; defined as MRDD Waiver</p>	<p>Prior Authorization is required.</p> <p>All modifiers shown must be included and used in the order shown.</p>

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
A0125 – WW  Ambulatory van, round trip outside the Capitol Beltway	T2003  Non–emergency transportation; encounter/trip	TN  Rural or outside provider’s customary service area  U4  Medicaid level of care 4, as defined by each state; defined as MRDD Waiver  U2  Medicaid level of care 2, as defined by each state; Defined as Round Trip for Transportation providers	Prior Authorization is required.  All modifiers shown must be included and used in the order shown.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
A0126 – WW  Ambulatory van, one way outside the Capitol Beltway w/ extra assistant	S0215  Non-emergency transportation; mileage, per mile	U4  Medicaid level of care 4, as defined by each state; defined as MRDD Waiver  U1  Medicaid level of care 1, as defined by each state; Defined as Outside Capitol Beltway for Transportation providers	Prior Authorization is required.  All modifiers shown must be included and used in the order shown.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
A0127 – WW  Ambulatory van, round trip outside the Capitol Beltway w/ extra assistant	T2003  Non–emergency transportation; encounter/trip	U6  Medicaid level of care 6, as defined by each state; Defined as Extra assistant for Transportation providers  U4  Medicaid level of care 4, as defined by each state; defined as MRDD Waiver	Prior Authorization is required.  All modifiers shown must be included and used in the order shown.

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<b>Local Code &amp; Modifier Description</b>	<b>Standard Code Description</b>	<b>Standard Modifier Description</b>	<b>Remarks</b>
A0130 – WW  Wheelchair van, one way inside the Capitol Beltway	A0130  Nonemergency transportation: wheelchair van	U4  Medicaid level of care 4, as defined by each state; defined as MRDD Waiver	Prior Authorization is required.  All modifiers shown must be included and used in the order shown.
A0131 – WW  Wheelchair van, round trip inside the Capitol Beltway	A0434  Specialty care transport (SCT)	U4  Medicaid level of care 4, as defined by each state; defined as MRDD Waiver	Prior Authorization is required.  All modifiers shown must be included and used in the order shown.
A0132 – WW  Wheelchair van, one way outside the Capitol Beltway, with extra assistant	T2001  Non-emergency transportation; patient attendant/escort	U4  Medicaid level of care 4, as defined by each state; defined as MRDD Waiver	Prior Authorization is required.  All modifiers shown must be included and used in the order shown.

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A0133 – WW  Wheelchair van, round trip inside the Capitol Beltway, with extra assistant	A0120  Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems	U4  Medicaid level of care 4, as defined by each state; defined as MRDD Waiver	Prior Authorization is required.  All modifiers shown must be included and used in the order shown.
A0134 – WW  Wheelchair van, one way outside the Capitol Beltway	A0120  Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems	U1  Medicaid level of care 1, as defined by each state; Defined as Outside Capitol Beltway for Transportation providers  U4  Medicaid level of care 4, as defined by each state; defined as MRDD Waiver	Prior Authorization is required.  All modifiers shown must be included and used in the order shown.



## HIPAA CROSSWALK – MRDD WAIVER (TRANSPORTATION)

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
A0135– WW  Wheelchair van, round trip outside the Capitol Beltway	A0080  Non–emergency transportation, per mile – vehicle provided by volunteer (individual or organization), with no vested interest	U4  Medicaid level of care 4, as defined by each state; defined as MRDD Waiver	Prior Authorization is required.  All modifiers shown must be included and used in the order shown.
A0136 – WW  Wheelchair van, one way outside the Capitol Beltway, with extra assistant	A0120  Non–emergency transportation: mini–bus, mountain area transports, or other transportation systems	U6  Medicaid level of care 6, as defined by each state; Defined as Extra assistant for Transportation providers  U4  Medicaid level of care 4, as defined by each state; defined as MRDD Waiver	Prior Authorization is required.  All modifiers shown must be included and used in the order shown.

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<b>Local Code &amp; Modifier Description</b>	<b>Standard Code Description</b>	<b>Standard Modifier Description</b>	<b>Remarks</b>
A0137 – WW  Wheelchair van, round trip outside the Capitol Beltway, with extra assistant	A0425  Ground mileage, per statute mile	U4  Medicaid level of care 4, as defined by each state; defined as MRDD Waiver  U6  Medicaid level of care 6, as defined by each state; Defined as Extra assistant for Transportation providers	Prior Authorization is required.  All modifiers shown must be included and used in the order shown.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
A0138 – WW  Trip cancellation if cancelled upon arrival	T2003  Non–emergency transportation; encounter/trip	SE  State and/or federally funded programs or services  U4  Medicaid level of care 4, as defined by each state; defined as MRDD Waiver  TP  Medical transport, unloaded vehicle	All modifiers shown must be included and used in the order shown.